

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90029 007 \*\*\*\*61.25

**DOCUMENT # N06000007857**  
 1. Entity Name  
**HOME OF EHLAEL KARDECIAN SPIRITIST CENTER, INC.**



Principal Place of Business      Mailing Address  
 307 NE 99TH STREET      307 NE 99TH STREET  
 MIAMI SHORES, FL 33138 US      MIAMI SHORES, FL 33138 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01092007      Chg-NP      CR2E037 (12/06)

4. FEI Number  
**20-5713946**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**SIMOES, SUZANA**  
**307 NE 99TH STREET**  
**MIAMI SHORES, FL 33138**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

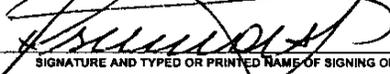
**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMOES, SUZANA	
STREET ADDRESS	307 NE 99TH STREET	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	WALKEN, ABIGAIL	
STREET ADDRESS	307 NE 99TH STREET	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NETTO, MARCELO	
STREET ADDRESS	965 SOUTH SHORE DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOUVEIA, FREDERICO	
STREET ADDRESS	3055 NE 190TH STREET APT. 302	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKEN, ABIGAIL	
STREET ADDRESS	307 NE 99TH STREET	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEONEL, ROSANA	
STREET ADDRESS	307 NE 99TH STREET	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       Date: **1-15-2007**      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR